

ISSUE SLIP STAPLE HERE (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MG		10/20/95
O.I.P.E. CLASSIFIER			1/2/96
FORMALITY REVIEW	Dm	72223	11-4-97

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	7 12 24 26 28 30 32 34 36 38 40 42 44 46 48 50
1	✓
2	✓
3	✓
4	✓
5	✓
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50	✓

Claim	Date
Final Original	
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Claim	Date
Final Original	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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